

COMMON TRAUMA REACTIONS

EXPLAINING DIFFICULT BEHAVIORS WITHIN HOMELESS SERVICE SETTINGS

DIFFICULT BEHAVIORS OR REACTIONS WITHIN HOMELESS SERVICE SETTINGS	COMMON TRAUMA REACTIONS
Has difficulty getting motivated to get job training, pursue education, locate a job, or find housing.	Depression and diminished interest in everyday activities
Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.	Nightmares and insomnia
Perceives other as being abusive, loses touch with current-day reality and feels like the trauma is happening over again.	Flashbacks, triggered responses
Avoids meetings with counselors or other support staff, emotionally shuts down when faced with traumatic reminders.	Avoidance of traumatic memories or reminders
Isolates within shelter, stays away from other residents and staff.	Feeling detached from others
Lacks awareness of emotional responses, does not emotionally respond to others.	Emotional numbing or restricted range of feelings
Is alert for signs of danger, appears to be tense and nervous.	Hyper-alertness or hypervigilance
Has interpersonal conflicts within the shelter, appears agitated	Irritability, restlessness, outbursts of anger or rage
Has difficulty keeping up in educational settings or job training programs.	Difficulty concentrating or remembering
Becomes agitated within the shelter. Is triggered by rules and consequences. Has difficulty setting limits with children.	Feeling unsafe, helpless, and out of control
Has difficulty following rules and guidelines within the shelter or in other settings. Is triggered when dealing with authorities. Will not accept help from others.	Increased need for control
Feels emotionally “out of control.” Staff and other residents become frustrated by not being able to predict how he/she will respond emotionally.	Affect dysregulation (emotional swings – like crying, then laughing)
Seems spacey or “out of it.” Has difficulty remembering whether or not they have done something. Is not responsive to external situations.	Dissociation
Complains of aches and pains like headaches, stomachaches, backaches. Becomes ill frequently.	Psychosomatic symptoms, impaired immune system
Cuts off from family, friends, and other sources of support.	Feelings of shame and self-blame
Has difficulty trusting staff members; feels targeted by others. Does not form close relationships in the service setting.	Difficulty trusting and/or feelings of betrayal
Complains that the system is unfair, that they are being targeted or unfairly blamed.	Loss of a sense of order or fairness in the world
Puts less effort into trying – does not follow through on appointments, does not respond to assistance.	Learned helplessness
Invades others’ personal space or lacks awareness of when others are invading their personal space.	Boundary issues
Has ongoing substance use problems.	Use of alcohol or drugs to manage emotional response
Remains in an abusive relationship or is victimized again and again.	Revictimization (impaired ability to identify danger signs)

